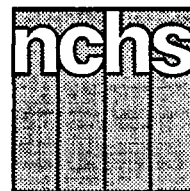


Advance Data



From Vital and Health Statistics of the National Center for Health Statistics

Health Insurance and Medical Care

Health of Our Nation's Children, United States, 1988

by Barbara Bloom, M.P.A., Division of Health Interview Statistics

Introduction

This report on health insurance and sources of medical care for children is based on data from the National Health Interview Survey on Child Health (NHIS-CH), conducted in 1988 by the National Center for Health Statistics. The National Institute of Child Health and Human Development and the Health Resources and Services Administration cosponsored this study. Through NHIS-CH, information was collected on a nationally representative sample of children 17 years of age and under. Questions on health insurance and sources of medical care were asked for all 17,110 children in the NHIS-CH sample. Basic details of the sample design and data collection procedures are presented in the technical notes. Further information on the National Health Interview Survey sample design and estimating procedures, definitions of terms, and a complete copy of the 1988 questionnaires can be found in the 1988 edition of the annual report

Current Estimates From the National Health Interview Survey (1).

Interviewers administered the NHIS-CH questionnaire to the adult household member who knew the most about the sample child's health. For 80 percent of the sample children, the respondent was the child's mother; for 10 percent, the child's father was the respondent. The questionnaire addressed a broad range of health-related topics, including child care arrangements; marital history of the child's mother; accidents, injuries, and medical conditions; birth weight and prenatal care; exposure to cigarette smoke; bedtime and sleeping arrangements; school attendance; developmental, learning, emotional, and behavioral problems; health insurance; and sources of medical care.

This report is one of four reports, subtitled *Health of Our Nation's Children*, which present findings from the 1988 NHIS-CH. Included in this group are reports on child care arrangements; developmental, learning, and emotional problems;

and exposure to environmental cigarette smoke.

Results

Health Insurance

In 1988, 83 percent of our Nation's children ages 17 years and under were covered by a health insurance plan, either a private-pay plan or Medicaid (table 1). Overall, the proportion of white children covered by a health insurance plan, 84 percent, was greater than the proportion of black children covered, 81 percent. For infants under 1 year of age, however, there was no difference in health insurance coverage by race. For toddlers (1-4 years of age) and for older children, there was no clear trend in the health insurance coverage of white and black children.

For all ages, 70 percent of Hispanic children, compared with 85 percent of non-Hispanic children, were enrolled in a health insurance plan. The proportion of Hispanic



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics
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Table 1. Percent of children 17 years of age and under covered by a health insurance plan or Medicaid, by age and selected characteristics: United States, 1988

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Characteristic	All ages	Under 1 year	1-4 years	5-7 years	8-11 years	12-14 years	15-17 years
	Percent						
All children ¹	83.1	80.1	83.7	83.3	83.8	83.0	82.3
Sex							
Male	83.5	80.4	83.5	83.7	83.8	84.3	83.1
Female	82.7	79.7	84.0	83.0	83.8	81.4	81.3
Race							
White	83.7	80.7	84.4	84.3	83.6	83.7	83.5
Black	80.9	81.2	80.5	79.7	84.1	81.7	77.6
Hispanic origin							
Hispanic	70.0	62.2	75.2	76.3	65.0	68.1	68.3
Non-Hispanic	84.9	82.8	85.2	84.3	86.3	85.1	83.8
Family structure							
Biological mother and father	85.5	81.6	85.4	84.7	85.9	86.4	86.9
Biological mother and stepfather	79.7	0.0	80.1	78.6	81.5	74.4	82.6
Biological mother and other ²	80.9	76.9	82.4	83.2	80.6	80.8	78.5
All other	77.1	75.3	76.6	79.0	80.2	78.6	72.8
Family income							
Less than \$10,000	71.8	74.0	75.3	73.9	71.0	69.7	64.4
\$10,000-\$24,999	76.1	75.1	76.9	78.2	75.3	73.5	76.6
\$25,000-\$39,999	89.8	85.6	90.5	89.4	92.1	90.2	87.4
\$40,000 or more	92.4	93.3	93.2	91.7	92.0	93.2	91.6
Place of residence							
MSA	83.5	80.5	84.1	84.3	83.4	83.9	82.8
Central city	81.5	81.8	83.4	81.5	81.3	81.3	78.6
Not central city	84.9	79.5	84.5	86.1	84.8	85.6	85.2
Not MSA	81.7	78.5	82.5	80.3	84.9	80.0	80.6
Assessed health status							
Excellent, very good, or good	83.3	80.1	84.2	83.3	84.0	83.0	82.8
Fair or poor	78.0	85.7	74.2	82.2	83.6	82.0	70.2

¹Includes other races and unknown family income.

²Includes families with mother only.

NOTE: MSA is metropolitan statistical area.

children who were covered by a health insurance plan ranged from 62 percent for infants under 1 year of age to 76 percent for children 5-7 years of age. Within every age group, the percent of Hispanic children covered was significantly lower than the figure for non-Hispanic children.

Moderate and higher incomes are usually associated with employment that provides free or low-cost health insurance as an employee benefit. Therefore, it is not surprising that enrollment in a health insurance plan was strongly associated with family income. Children in families with an annual income of \$40,000 or more were much more likely than children in families with an annual income of

less than \$10,000 to have had insurance coverage—92 percent compared with 72 percent. Health insurance coverage was relatively uniform across all age groups within each family income category.

To a large extent, family structure may be a proxy for income, because two-parent families generally have higher incomes than families of other compositions have (2). Therefore, family structure may be an important factor in health insurance coverage. For this analysis, families were coded into four categories: (a) both biological parents present is coded as “both parents,” (b) biological mother and stepfather present is coded as “mother and stepfather,” (c) biological mother only or

biological mother and another unrelated person present is coded as “mother and other,” and (d) “all other” includes all other families.

Eighty-six percent of children in families with both parents present were covered by health insurance plans, more than in families with mother and other (81 percent), mother and stepfather (80 percent), or other family structure (77 percent). This basic pattern was found for all age groups.

Routine doctor visits

In 1988, 64 percent of children 17 years of age and under had visited a doctor for routine health care during the past year (table 2). Routine visits, that is, visits for routine checkups and immunizations when nothing is wrong, were most common among infants under 1 year of age (94 percent), followed by toddlers 1-4 years of age (82 percent), children 5-7 years of age (66 percent), children 12-14 years of age (55 percent), and teenagers 15-17 years of age (54 percent). Children 8-11 years of age were the least likely to have had a routine doctor visit during the past year, 50 percent. This decline in routine visits may be expected, because infancy and early childhood are the times of the most rapid growth and development, requiring closer monitoring of health status than in later years. In addition, virtually all routine immunizations are given by the time children enter kindergarten (3).

There were no differences between the percent of boys and of girls under age 12 years with a routine visit in the past year. Of 12- to 14-year-old children, more boys than girls had had a recent routine visit, 58 percent versus 52 percent. This may be due to the routine physical examinations required for boys playing contact sports (4). For 15- to 17-year-old teenagers, there was no difference by sex between the percents with a routine visit.

The same percent of black children as of white children of all

Table 2. Percent of children 17 years of age and under who had visited a doctor for routine health care during the past 12 months, by age and selected characteristics: United States, 1988

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Characteristic	All ages	Under 1 year	1-4 years	5-7 years	8-11 years	12-14 years	15-17 years
	Percent						
All children ¹	63.9	93.8	81.5	66.0	49.6	54.8	53.9
Sex							
Male	64.1	94.4	81.3	65.9	49.4	57.6	52.5
Female	63.7	93.1	81.7	66.0	49.9	51.6	55.3
Race							
White	63.7	95.1	81.4	65.7	47.9	56.0	54.0
Black	65.0	87.6	82.6	66.6	55.7	51.7	55.7
Hispanic origin							
Hispanic	63.4	93.5	82.3	70.4	49.5	51.9	45.5
Non-Hispanic	63.6	93.5	81.1	65.2	49.5	55.0	54.8
Family structure							
Biological mother and father . . .	65.2	95.5	81.8	64.1	49.1	55.5	53.7
Biological mother and stepfather	54.5	0.0	78.6	69.2	44.4	47.3	56.6
Biological mother and other ² . . .	62.9	93.7	78.5	68.2	51.2	55.9	57.1
All other	64.3	86.3	83.8	70.4	53.7	55.7	49.1
Family income							
Less than \$10,000	62.9	87.4	78.9	65.6	49.5	53.5	45.9
\$10,000-\$24,999	61.6	96.1	80.4	62.8	43.7	47.9	52.6
\$25,000-\$39,999	64.3	94.9	82.5	67.7	47.1	54.3	56.9
\$40,000 or more	68.0	97.2	85.8	70.0	56.3	62.5	58.4
Place of residence							
MSA	65.9	93.7	82.8	69.3	52.3	57.0	54.5
Central city	67.3	92.1	84.8	70.0	55.8	54.0	54.5
Not central city	65.0	95.0	81.4	68.9	50.1	58.9	54.5
Not MSA	57.7	94.3	77.2	55.7	41.5	48.0	52.2
Assessed health status							
Excellent, very good, or good . . .	63.7	93.6	81.6	65.5	49.4	54.5	53.8
Fair or poor	70.7	97.8	77.5	78.0	58.2	66.8	61.7
Health insurance							
Yes	66.8	96.1	83.4	68.6	52.6	58.6	57.7
No	56.9	91.8	79.3	58.9	39.0	42.1	44.3

¹Includes other races and unknown family income.

²Includes families with mother only.

NOTE: MSA is metropolitan statistical area.

ages had visited a doctor for routine care in the past year. However, among children under 1 year of age, 95 percent of white infants, compared with 88 percent of black infants, had had a recent routine doctor visit (significant at the 0.1 level). Among children 1-7 years of age, the visit rates were similar for black and for white children. Among older children, there was no clear difference by race in routine visits.

The percents of all children who had had a routine visit in the past year did not differ by Hispanic origin. This was true for infants and

toddlers, as well. Among 15- to 17-year-olds, non-Hispanic teens were more likely to have had a recent routine visit (55 percent) than were Hispanic teens (46 percent).

As expected, family income and enrollment in a health insurance plan were important factors in the decision to make a routine doctor visit (5,6). At all ages, children in the highest income families were more likely to have had a recent routine visit than were children in the lowest income families. Similarly, children of all ages whose families were enrolled in a health insurance plan were more

likely than others to have had a recent routine doctor visit.

Regular source of health care

In 1988, the great majority of children had a regular source of routine medical care, that is, a particular clinic, health center, hospital, doctor's office, or other place where they went for routine health care. The proportion with a regular source of care ranged from 83 percent for teens ages 15-17 years to 92 percent for toddlers (table 3). There was no difference in source of routine care between boys and girls at any age.

Twelve percent of our Nation's children did not have a regular source of care; 20 percent of black infants, compared with 8 percent of white infants, had no regular source of routine care in 1988. At 8 years of age and over, the same proportions of white and black children had a regular source of care.

In contrast, there was no difference in the proportions of Hispanic and non-Hispanic infants and toddlers with a regular source of routine care. However, at 5 years of age and over, Hispanic children were significantly less likely to have a regular source of care than were non-Hispanic children.

Having a regular source of routine health care was also a function of economic status. More children in families with incomes of \$40,000 or more than children in families with incomes of less than \$10,000 had a regular source of care, 92 versus 84 percent. More children in two-parent families than children in other families had a regular source of care, 90 percent versus 83 percent. Finally, more children in families with health insurance coverage than children with no insurance had a source of routine care, 92 percent versus 79 percent.

For children of all ages, the location of the child's residence had a slight effect on whether the child had a regular source of routine health care. Eighty-seven percent of inner-city children, 88 percent of rural

Table 3. Percent of children 17 years of age and under who had a regular source of routine health care, by age and selected characteristics: United States, 1988

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Characteristic	All ages	Under 1 year	1-4 years	5-7 years	8-11 years	12-14 years	15-17 years
Percent							
All children ¹	88.0	89.9	92.3	90.8	86.9	85.0	82.9
Sex							
Male	87.6	90.1	92.0	89.9	86.0	85.1	82.6
Female	88.5	89.6	92.6	91.7	87.9	84.9	83.3
Race							
White	88.6	92.1	93.0	91.3	87.2	85.1	83.4
Black	86.5	79.8	90.3	87.9	86.4	86.2	82.9
Hispanic origin							
Hispanic	81.1	88.2	89.2	82.1	81.6	72.6	72.2
Non-Hispanic	88.9	89.8	92.9	91.9	87.6	86.6	84.2
Family structure							
Biological mother and father	90.4	92.5	93.3	91.8	89.4	87.5	86.5
Biological mother and stepfather	82.6	0.0	84.7	88.7	82.4	78.8	81.9
Biological mother and other ²	86.1	85.1	93.0	89.9	83.2	83.8	81.9
All other	82.8	81.3	87.7	87.9	84.5	81.5	74.2
Family income							
Less than \$10,000	83.8	82.4	88.3	88.8	80.8	83.2	74.8
\$10,000-\$24,999	86.0	92.7	92.5	88.3	83.7	77.4	81.1
\$25,000-\$39,999	91.1	91.3	94.6	94.6	89.4	89.3	86.1
\$40,000 or more	92.4	94.4	96.5	94.7	93.0	90.5	87.0
Place of residence							
MSA	88.1	90.1	92.4	90.9	87.5	85.2	82.1
Central city	87.3	88.8	92.6	87.1	86.9	85.2	81.4
Not central city	88.6	91.2	92.3	93.3	87.9	85.2	82.5
Not MSA	87.8	89.1	92.1	90.4	85.1	84.5	85.4
Assessed health status							
Excellent, very good, or good	88.1	89.6	92.5	90.7	87.1	85.0	82.9
Fair or poor	87.9	97.8	90.2	90.9	83.6	86.7	84.3
Health insurance							
Yes	91.9	93.0	94.9	94.0	90.9	90.0	88.2
No	79.0	85.7	88.5	83.4	75.6	70.3	70.7

¹Includes other races and unknown family income.

²Includes families with mother only.

NOTE: MSA is metropolitan statistical area.

children, and 89 percent of suburban children had a regular source of care in 1988. Eighty-nine percent of infants who lived in either a central city of a metropolitan statistical area (MSA) or a rural area (not MSA) had a regular source of care, compared with 91 percent of infants who lived in the suburbs. The percents of children 1-4 years of age with a regular source of care were similar for all places of residence.

Private care and clinic care

Most children with a regular source of care visited a doctor's office, private clinic, health

maintenance organization (HMO), or prepaid group practice for their routine health needs. In this report the term "private care" refers to medical care received from these types of providers.

The remaining 8.7 million children, or 16 percent of all children with a regular source of care, went to other types of providers (table 4). These children visited hospital outpatient clinics, hospital emergency rooms, walk-in or emergency care centers, and other clinics or health centers for their routine health care. In this report, the term "clinic care" refers to medical care received from these types of facilities.

Among children with a regular source of care, black children were three times as likely as white children to receive routine care in a clinic setting. Thirty-five percent of all black children, compared with 11 percent of all white children, received routine clinic care. Nearly one-half of black infants under 1 year of age, 47 percent, received routine care in a clinic setting, compared with 16 percent of white infants.

A clinic was the source of routine care for about twice the proportion of Hispanic as of non-Hispanic children, 26 versus 14 percent. This difference was most pronounced for infants, with 48 percent of Hispanic infants and 19 percent of non-Hispanic infants receiving their well-baby care in a clinic setting.

Whether a child received private care or clinic care was highly dependent on economic factors. Thirty-seven percent of children in families with annual incomes of less than \$10,000 received clinic care, compared with 22 percent of children in families with incomes of \$10,000-\$24,999, 9 percent of children in families with incomes of \$25,000-\$39,999, and 6 percent of children in families with incomes of \$40,000 or more. Children in families with both biological parents present received clinic care less often (11 percent) than did children in families with the biological mother and other present (27 percent) or other family structures (23 percent). Finally, children with health insurance coverage used clinic care less than children with no insurance coverage, 13 percent versus 32 percent.

Inner-city children of all ages were more likely (23 percent) to have received clinic care than were suburban children (11 percent) or rural children (16 percent). Infants in the inner city were more likely (33 percent) to have received clinic care than suburban infants (16 percent) or rural infants (16 percent). The percents of rural children who received clinic care more closely resembled those of suburban children than of inner-city children, with the one exception of

Table 4. Percent of children 17 years of age and under with regular source of care whose regular source of care was not a private physician or health maintenance organization (HMO), by age and selected characteristics: United States, 1988

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Characteristic	All ages	Under 1 year	1-4 years	5-7 years	8-11 years	12-14 years	15-17 years
	Percent						
All children ¹	15.5	22.0	18.6	14.8	13.1	14.3	13.3
Sex							
Male	15.1	23.9	17.9	13.6	13.4	13.2	12.9
Female	15.9	19.8	19.3	16.0	12.8	15.6	13.7
Race							
White	11.2	16.0	14.1	9.9	9.8	10.1	9.1
Black	35.2	46.5	40.8	37.0	29.3	33.5	30.3
Hispanic origin							
Hispanic	26.2	47.6	27.8	21.1	23.2	25.2	23.6
Non-Hispanic	14.2	18.7	17.3	14.1	11.9	13.0	12.3
Family structure							
Biological mother and father	11.1	15.5	14.0	10.2	9.1	9.4	8.9
Biological mother and stepfather	13.1	0.0	16.2	12.2	13.8	13.2	11.7
Biological mother and other ²	26.8	30.6	34.3	27.3	23.7	25.7	22.1
All other	22.8	48.8	27.2	22.3	16.6	19.2	17.9
Family income							
Less than \$10,000	36.5	35.9	39.5	34.9	36.7	35.9	33.0
\$10,000-\$24,999	22.4	32.2	27.9	20.0	20.0	19.6	16.1
\$25,000-\$39,999	9.2	11.9	9.8	9.1	7.3	8.8	10.2
\$40,000 or more	5.7	4.2	6.6	4.4	3.3	5.7	8.9
Place of residence							
MSA	15.5	23.6	16.7	14.5	14.3	14.8	13.8
Central city	23.3	33.4	23.1	20.0	22.8	23.3	22.8
Not central city	10.6	15.7	12.2	11.3	9.1	9.5	8.6
Not MSA	15.5	16.1	25.2	15.7	9.3	12.6	12.0
Assessed health status							
Excellent, very good, or good	15.2	22.3	18.4	14.3	13.2	13.9	12.8
Fair or poor	23.2	16.9	22.6	25.6	12.5	24.8	30.7
Health insurance							
Yes	13.0	18.1	16.2	12.0	10.5	11.7	11.6
No	32.3	40.2	32.7	32.9	32.1	33.3	25.7

¹Includes other races and unknown family income.

²Includes families with mother only.

NOTE: MSA is metropolitan statistical area.

children 1-4 years of age. Rural toddlers (25 percent) and inner-city toddlers (23 percent) received clinic care more often than did suburban toddlers (12 percent).

Summary

The findings in this report show that black newborns and infants were

two to three times more likely to have lacked a routine visit for a checkup or any immunization during the crucial first year of life than were white newborns and infants. Hispanic children were twice as likely to have lacked public or private health insurance coverage as were non-Hispanic children. Poor children with a regular source of care were six

times more likely to have received routine care in a clinic or hospital emergency room than were children from more affluent families.

Inner-city children were twice as likely to have received their routine care in a clinic or emergency room as were suburban children.

Insurance coverage for and health services received by our Nation's children vary greatly among racial, ethnic, and socioeconomic groups. Black children, Hispanic children, poor children, or inner-city children do not receive the same medical services as do their white, non-Hispanic, affluent, suburban counterparts. The health care needs of all our children continue to be an issue of great concern.

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Technical notes

The estimates presented in this report are based on data from the National Health Interview Survey (NHIS), an ongoing survey of households in the United States conducted by the National Center for Health Statistics. Each week, a probability sample of the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Interviewers obtain information about the health and other characteristics of each member of the households included in the NHIS sample.

NHIS consists of two parts: (a) a basic health questionnaire that remains the same each year and is completed for each household member and (b) special topics questionnaires that vary from year to year and usually are asked of just one person in each family. In 1988, the special topics included acquired immunodeficiency syndrome (AIDS) knowledge and attitudes, medical device implants, occupational health, alcohol, and child health. These data sets can be linked to provide additional sources for analysis.

The total sample interviewed for 1988 for the basic health questionnaire consisted of 47,485 households containing 122,310 individuals. The total response rate was 95 percent. For the National Health Interview Survey on Child Health (NHIS-CH), one sample child 17 years of age and under was selected from each family with children in that age range. Information about the sample child was collected by face-to-face interview with the adult member of the family present who knew most about the sample child's health, in most cases the child's mother. Interviews were completed for 17,110 children 17 years of age and under, 95 percent of those identified as eligible on the basis of the basic health questionnaire. The overall response rate for NHIS-CH was 91 percent, the product of the response rates for the basic and the child health questionnaires. Item

nonresponse for the variables used in this report was low, ranging from less than 1 to 4 percent.

Because the estimates shown in this report are based on a sample, they are subject to sampling error. The standard error is a measure of the sampling error. Approximate standard errors for estimated percents in this report are determined using the formula

$$SE = \sqrt{\frac{8,307 p (1 - p)}{y}}$$

where SE is the standard error, p is the estimated percent, and y is the

estimated base of the percent. The bases of the percents for tables 1, 2, and 3 are presented in table I; the bases of the percents shown in table 4 are presented in table II.

The approximate standard error of a difference between percents is given by the formula

$$SE(x_1 - x_2) = \sqrt{SE(x_1)^2 + SE(x_2)^2}$$

where x_1 and x_2 are the two percents being compared, $x_1 - x_2$ is the difference between them, and $SE(x_1)$ and $SE(x_2)$ are the standard errors of the two percents.

Table I. Number of children 17 years of age and under, by age and selected characteristics: United States, 1988

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Characteristic	All ages	Under 1 year	1-4 years	5-7 years	8-11 years	12-14 years	15-17 years
Number in thousands							
All children ¹	63,569	3,850	14,536	11,037	13,635	9,872	10,639
Sex							
Male	32,526	2,030	7,380	5,597	6,862	5,224	5,433
Female	31,043	1,820	7,156	5,439	6,774	4,648	5,206
Race							
White	51,380	3,017	11,809	8,910	11,071	7,930	8,644
Black	9,820	644	2,138	1,738	2,079	1,557	1,663
Hispanic origin							
Hispanic	7,239	510	1,671	1,216	1,655	1,120	1,067
Non-Hispanic	55,031	3,148	12,202	9,642	11,886	8,646	9,507
Family structure							
Biological mother and father	38,999	2,788	10,242	7,007	8,040	5,513	5,408
Biological mother and stepfather	4,477	0	327	682	1,302	999	1,168
Biological mother and other ²	11,356	442	2,130	1,987	2,640	1,942	2,215
All other	8,736	620	1,837	1,360	1,654	1,418	1,848
Family income							
Less than \$10,000	7,924	619	1,965	1,496	1,722	1,062	1,060
\$10,000-\$24,999	16,708	1,108	4,134	2,967	3,568	2,470	2,462
\$25,000-\$39,999	15,737	864	3,649	2,822	3,419	2,457	2,525
\$40,000 or more	16,071	774	3,306	2,576	3,484	2,735	3,196
Place of residence							
MSA	48,314	2,989	11,191	8,316	10,307	7,461	8,049
Central city	18,972	1,367	4,589	3,193	3,963	2,887	2,974
Not central city	29,342	1,622	6,603	5,122	6,344	4,575	5,076
Not MSA	15,255	860	3,344	2,721	3,329	2,411	2,590
Assessed health status							
Excellent, very good, or good	61,173	3,686	13,926	10,647	13,189	9,558	10,167
Fair or poor	1,788	91	481	309	287	256	363
Health insurance							
Yes	52,812	3,082	12,170	9,197	11,424	8,189	8,751
No	8,962	673	2,053	1,522	1,861	1,386	1,466

¹Includes other races and unknown family income.

²Includes families with mother only.

NOTE: MSA is metropolitan statistical area.

Table II. Number of children 17 years of age and under with a regular source of care, by age and selected characteristics: United States, 1988

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in the technical notes]

Characteristic	All ages	Under 1 year	1-4 years	5-7 years	8-11 years	12-14 years	15-17 years
Number in thousands							
All children ¹	55,970	3,460	13,422	10,018	11,853	8,394	8,823
Sex							
Male	28,489	1,829	6,793	5,030	5,902	4,448	4,488
Female	27,481	1,631	6,630	4,988	5,951	3,946	4,335
Race							
White	45,502	2,779	10,977	8,136	9,656	6,749	7,205
Black	8,490	514	1,931	1,528	1,796	1,342	1,379
Hispanic origin							
Hispanic	5,871	450	1,491	998	1,350	813	770
Non-Hispanic	48,922	2,828	11,332	8,857	10,418	7,485	8,002
Family structure							
Biological mother and father	35,253	2,580	9,554	6,431	7,185	4,826	4,679
Biological mother and stepfather	3,699	0	277	605	1,073	787	957
Biological mother and other ²	9,783	376	1,981	1,787	2,197	1,627	1,815
All other	7,235	504	1,611	1,195	1,398	1,155	1,372
Family income							
Less than \$10,000	6,640	510	1,735	1,329	1,391	884	793
\$10,000-\$24,999	14,368	1,027	3,825	2,619	2,987	1,913	1,997
\$25,000-\$39,999	14,336	789	3,452	2,670	3,056	2,194	2,174
\$40,000 or more	14,856	731	3,189	2,439	3,240	2,476	2,782
Place of residence							
MSA	42,582	2,694	10,343	7,558	9,020	6,357	6,609
Central city	16,571	1,214	4,249	2,781	3,445	2,460	2,422
Not central city	26,011	1,480	6,093	4,778	5,575	3,898	4,187
Not MSA	13,388	766	3,079	2,460	2,833	2,037	2,213
Assessed health status							
Excellent, very good, or good	53,889	3,303	12,876	9,662	11,491	8,126	8,431
Fair or poor	1,571	89	434	281	240	222	306
Health insurance							
Yes	48,532	2,867	11,551	8,648	10,380	7,367	7,720
No	7,081	577	1,817	1,269	1,406	974	1,037

¹Includes other races and unknown family income.

²Includes families with mother only.

NOTE: MSA is metropolitan statistical area.

All differences cited in this report are statistically significant at the 0.05 level unless otherwise noted. The *t*-test, with a critical value of 1.96, was used to test all comparisons that are discussed. Lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found not to be statistically significant.

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